

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME	
Regular	✓	✓	2 A	8/15/2020	LAMINDS PIZZA MANGILAO	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER
Complaint				6:40		DPG INC
Investigation				SANITARY PERMIT NO.		LOCATION (Address)
Other:				2000 7010 65	Lot 5360 - 2 NEW MANGILAO	
ESTABLISHMENT TYPE				AREA	TELEPHONE	
SMALL STAND				4	7343530	
				No. of Risk Factor/Intervention Violations	RISK CATEGORY	
				0	3	
				No. of Repeat Risk Factor/Intervention Violations		
				0		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	N/A	N/O		6
5	IN	OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	IN	OUT	N/A	N/O		6
7	IN	OUT	N/A	N/O		6
8	IN	OUT				6
Approved Source						
9	IN	OUT				6
10	IN	OUT	N/A	N/O		6
11	IN	OUT				6
12	IN	OUT	N/A	N/O		6
Protection from Contamination						
13	IN	OUT	N/A			6
14	IN	OUT	N/A			6
15	IN	OUT				6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/O		6
17	IN	OUT	N/A	N/O		6
18	IN	OUT	N/A	N/O		6
19	IN	OUT	N/A	N/O		6
20	IN	OUT	N/A			6
21	IN	OUT	N/A	N/O		6
Consumer Advisory						
22	IN	OUT	N/A			6
Highly Susceptible Populations						
23	IN	OUT	N/A			6
Chemical						
24	IN	OUT	N/A			6
25	IN	OUT				6
Conformance with Approved Procedures						
26	IN	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) <u>JOHAT T. TUBE</u>	Date: <u>08/15/2020</u>
DEH Inspector (Print and Sign) <u>T. SHIMBU EPHDI</u>	Follow-up (Circle one): YES <u>NO</u> Follow-up Date

Department of Public Health and Social Services
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ESTABLISHMENT NAME DOMINO'S PIZZA		LOCATION (Address) DOMINO'S PIZZA MANBILAU	
INSPECTION DATE 8/15/2020	SANITARY PERMIT NO. 10101065	PERMIT HOLDER DPE INC	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A REGULAR INSPECTION WAS CONDUCTED LAST INSPECTION ON 3/22/2020 RESULTED IN "O/A"

THE FOLLOWING WAS OBSERVED:

~~JAYVIE CACAL~~ DOB: 10/05/1997 IS WAS ABLE TO PRODUCE HEALTH CERTIFICATE.
JOAN TEBEL DOB: 07/29/1992

REMOVED 'A' PLACARD # 02180.

ISSUED AND POSTED "A" PLACARD #

CALL 300-9579 TO CHECK WHEN HEALTH CERTIFICATE PROCESSING IS AVAILABLE.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <i>JOAN TEBEL</i>	Date: 08/15/2020
DEH Inspector (Print and Sign) <i>T. SHIMEN</i>	Date: 8/15/2020



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
PUBLIC AND PRIVATE PREMISES
INSPECTION REPORT**

NAME: (OWNER, LESSEE, OCCUPANT, ETC.) DOMINGO PIZZA MANGILAO		ADDRESS: Lot #, street name, house/apt. #, building name: LOT 5361-2 NEW MANGILAO
INSPECTION/INVESTIGATION DATE: 8/15/2020	COMPLAINT #: N/A	MUNICIPALITY/VILLAGE; SUBDIVISION: MANGILAO

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS																																				
	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.																																				
	The following violations were observed and deemed a public nuisance:																																				
	<table border="1"> <thead> <tr> <th></th> <th>Not Observed</th> <th>Corrected on the Spot (COS)</th> <th>Repeat</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1. Failed to require and enforce mandatory use of face masks with employees/customers.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 3. Failed to post appropriate signage for face masks and social distancing.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 4. Failed to have a policy in place for the frequent cleaning of all surfaces.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 5. Failed to have and present an organization-specific guidance plan in place.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 6. Failed to properly maintain the required occupant load of _____.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 7. Failed to adhere to the authorized number for social gatherings on business premises.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> 8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum 2020-12 Rev 3/2020-29</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Not Observed	Corrected on the Spot (COS)	Repeat	<input type="checkbox"/> 1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3. Failed to post appropriate signage for face masks and social distancing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4. Failed to have a policy in place for the frequent cleaning of all surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5. Failed to have and present an organization-specific guidance plan in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6. Failed to properly maintain the required occupant load of _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7. Failed to adhere to the authorized number for social gatherings on business premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum 2020-12 Rev 3/2020-29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty.																																				
	Observations/Findings: <input type="checkbox"/> None																																				
	#8: POSTING OF SIGNAGE PROHIBITING PATRONS/EMPLOYEES W/ COVID SYMPTOMS NOT VISIBLE.																																				

YOU ARE HEREBY GIVEN _____ DAYS 48 HOURS TO CORRECT THE ABOVE CITED PROBLEMS.

YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT N/A (DATE)

RECEIVED BY (Print & Sign): JOHN T. TEJEDA 08/15/2020

DEH INSPECTOR (Print & Sign): F. ALMENDRA EPH J. A. MANDRESCA



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



COMPLIANCE CHECKLIST FOR EATING AND DRINKING ESTABLISHMENTS
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,
DPHSS GUIDANCE MEMO 2020-07 and 2020-12

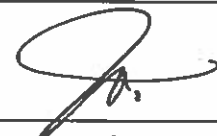

Name of Establishment: Dominos Pizza - Mangilao Company Name: DPG, INC.
Location: Lot 5360 - 2 NEW Mangilao, Guam


Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	General Requirements			
X 1	Has a <u>written</u> policy and procedures for COVID-19 prevention and control measures prior to re-opening, which address the following:	<u>provided evidence of Manager stated <u>written</u> policy.</u>	<u>Yes</u>	<u>No</u>
	a. Employee health, to include having a plan in place if someone is or becomes sick	<u>u</u>	<u>Yes</u>	<u>No</u>
	b. Cleaning/sanitizing procedures	<u>u</u>	<u>Yes</u>	<u>No</u>
	c. Social distancing and other protective measures	<u>u</u>	<u>Yes</u>	<u>No</u>
2	Operates at no more than the authorized occupancy rate		<u>Yes</u>	No
3	Prohibits the use of high touch items such as food trays		<u>Yes</u>	No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations		<u>Yes</u>	No
5	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		<u>Yes</u>	No
	a. Prohibiting sick employees in the workplace		<u>Yes</u>	No
	b. Strict handwashing practices, to include when and how		<u>Yes</u>	No
	c. Strong procedures and practices to clean and sanitize surfaces		<u>Yes</u>	No
	d. PIC is on site and is a certified food manager		<u>Yes</u>	No
	Employee Health			
6	Screens employees and patrons before entering the facility	<u>Only employees</u>	Yes	No
7	Possesses adequate supplies to support healthy hygienic behaviors		<u>Yes</u>	No
8	<u>Posted</u> signage for employees and patrons on good hygiene and sanitation practices	<u>No signage posted.</u>	Yes	<u>No</u>
	Cleaning and Disinfection			
9	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment	<u>Recommended to establish written schedule</u>	<u>Yes</u>	No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		<u>Yes</u>	No
11	Follows CDC's cleaning and disinfecting guidelines		<u>Yes</u>	No
	Ventilation			
12	Maximizes fresh air through use of existing ventilation system		<u>Yes</u>	No
13	Minimizes air from fans blowing from one person directly at another individual		<u>Yes</u>	No

Department of Public Health & Social Services ITC Building Ste 219
590 S Marine Corps Drive, Tamuning, Guam 96913-3532
www.dphss.guam.gov

* SUBMIT PLAN TO
PCOR 3 Plans @ dphss.guam.gov

Social Distancing and Other Protective Measures			
14	Implements social distancing of at least 6 feet and <u>posting</u> of appropriate signage	No signage posted	Yes <input type="radio"/> No <input checked="" type="radio"/>
15	<u>Posted</u> signage at entrance stating that no one with COVID-19 symptoms is permitted inside	No signage posted	Yes <input type="radio"/> No <input checked="" type="radio"/>
16	Appropriate physical barriers are in place for cafeteria style dining and booth seating	N/A No dine in.	Yes <input type="radio"/> No <input type="radio"/>
17	For congregations or social gatherings:		
	a. Total number of people, including employees, do not exceed the capacity permitted in the most recent E.O. (including ballroom and private rooms)		<input checked="" type="radio"/> Yes <input type="radio"/> No
	b. Total number of people in each party do not exceed the number allowed for congregations or social gatherings in most recent E.O.		<input checked="" type="radio"/> Yes <input type="radio"/> No
18	Mandating the wearing of face mask		<input checked="" type="radio"/> Yes <input type="radio"/> No

RECEIVED BY (Name and Title) J. T. TEBE 	DATE 08/15/2020
DEH INSPECTOR (Name and Title) T. SHIMIZU EPHI 	DATE 8/15/2020

J. Almandres, PCIV 
8/15/20

start 6:40pm